

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

FEB 17 1936

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1. PLACE OF DEATH

County Baird
Township Exeter
City Exeter

Registration District No. 34
Primary Registration District No. 6239

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Minnie Smithson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF J. H. Smithson

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 - 1936, to Jan 21 - 1936
I last saw her alive on Jan 21, 1936 Death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 3

Date of onset 2 wks.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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Other contributory causes of importance:
Chc. Interstitial nephritis
Chc. Venular Heart Disease
Chc. Apatitis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

Name of operation None Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? _____

13. NAME David Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Black

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Lee Smithson
(ADDRESS) Exeter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Exeter DATE Jan 23, 1936

19. UNDERTAKER Barb - Blankenship
(ADDRESS) Exeter, Mo.

20. FILED Jan 23, 1936 Mrs. H. P. Seary
Registrar

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. C. Bar, M. D.
(Address) Camville, Mo.

N.B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

